DO NOT WHITE ON THE STUD AMNODO DO HOS WILL PROPERTIES DELICATE THE STUDIES STATE FILE STUDIES STATE FILE STUDIES PROPERTY OF PUBLIC HEART AND WILL FAMILY DEPOSED FOR THE STATE OF PUBLIC HEART STATE						OF HEA	LTH —	STAND.	ARD CE	RTIFIC	ATE O	F DEATH	ļ	F.	63-	0502	04	
1 PACKED FORM	DO NOT WRITE			PUB	Registration		100 /	7 Prim	ary Registration	n Dietrict No.	5	43 Registrar	. No	190	0		UMBER	
D. CITY (I) doubles (disposed limits, give 1000/185H) only) 1 4/08 2 2 99 3 3 Commanda Comma	ON THIS STUB			_	1. PLACE	OF DEATH	1964											
AND SECRETABLE OF ITS IN SURPLINE HOME IN THE INSTITUTION (ALL PART ITS IN SURPLINE HOME) 3		GED	11			///	Loc	WQ	Wife L.A	T		1	m	7 b. cc	OUNTY			
AND SECRETABLE OF ITS IN SURPLINE HOME IN THE INSTITUTION (ALL PART ITS IN SURPLINE HOME) 3		MEN.			OR.			_	mir dniy)	1 ·-> /		OR	St	Low	uis			
3 NAME OF PREASED FIRST MINDS AND THE PROPERTY OF THE PROPERTY	14008				HOS	PITAL OR //	NOT in hospit	C/4.	n il	Insi	de Limits		910	0 4	· 7	•	1	
Source Continue	2 20	9≱		╛╏		1100	4 Buy	Mund	cas Hor		Z N∘ □			0 2		<u></u>	Yes D N	• 🖭
5 2 8 2 9 10 10 10 10 10 10 10 10 10 10 10 10 10 1	3	12					, E	ini Momi	6	Middle	Postor			OF	n	-		
100. USUAL OCCUPATION (Give kind of work done done of the kind of BUSINESS OR INDUSTRY 11. BIRTHYSEE (City and states country) 12. CHIZER OF WHAT COUNTRY during most of working the year it retired to the property of the year it retired to the state of the property of the year it retired to the state of the year of the state of t	4 /	11	11		5. SEX		6. COLOR (7. Married		Married 🗌			AGE (last	birthday) IF	UNDER I YEA	R IF UNDER	24 HR
during from the working life areas of restined) Second Second	5 2				TON USUAL	OCCUPATION		•	·			111/	890	/_	> 1.			
132	6	§			during/	most of workin	ven if مروانا و		Oun	Forne	7		· ·	Role I	slant !	US	<u>(</u>	1181
13. WAS DECEASED EVER IN U.S. ARBÉED FORCESS? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Ves., no. gruphgoom) [If yes, glow war of ades of serving (Ves., no. gruphgoom) [If yes, glow war of ades of serving (Ves., no. gruphgoom) [If yes, glow war of ades of serving (Ves., no. gruphgoom) [If yes, glow war of ades of serving (Ves., no. gruphgoom) [If yes, glow war of ades of serving II. CAUSE OF DEATH (Enter only one cause per line III. DEATH (Enter only one cause per line III. DEATH (Enter only one cause per line III. DEATH (II. DEATH (Enter only one cause per line III. DEATH (II. DEATH (Enter only one cause per line) Aug. [Ig Cr Aug. Inc. III. Greeness was per line III. DEATH (II. DEATH (Enter only one cause per line) PART III. DEATH (CONTRIBUTING TO DEATH on reliated to the terminal stating the underly lying couse less.) PART III. DEATH (CONTRIBUTING TO DEATH on reliated to the terminal stating deceased war female was perplaned in last of day. PART III. DEATH (CONTRIBUTING TO DEATH on reliated to the terminal stating deceased war female was perplaned in last of day. PART III. DEATH (CONTRIBUTING TO DEATH on reliated to the terminal stating deceased on last season of line perplaned in last of day. III. DEATH (II. DEATH (Enter only one cause of line) PART III. DEATH (II. DEATH (II. DEATH (II.)) III. DEATH (II. DEATH (II.)) PART III. DEATH (II.) DEATH	7 , 1			[13a. FATHEI	'S NAME	D	•	13b. A	10	V/	i'	, <u>, , , , , , , , , , , , , , , , , , </u>	14.	1. 1	BAND OR WI	E	
Centrology Cityee, polyone cause per line Chyplana Mulling D. E. High History acres Chyplana Mulling D. E. High Chyplana Mulli	8 _ 1	ဖ ၂		!	15. WAS D	ECEASED EVER		ED FORCES?		,	. 0-	17_ INFORMA			Ado		. Sellen	سرد ترم
TO DO	9	<u>~</u>				,						anzeli	na 11	rucu	no jo		hilti	no
12 12 1 1 1 1 1 1 1	10	⋖		ENT	18. CA	JSE OF DEATH PART I.	DEATH WAS	CAUSED BY:	line Lo. (o), (o),		· 4			•			ONSET AND DI	WEEN EATH
12 13 15 15 15 15 15 15 15	11	히		ζĈ			IMMEDIA	TE CAUSE (a)	_nue	<u>usivu</u>	<u>u aa</u>	unear	<u>eum</u>	<u> </u>			.	
PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased way female was there a pregnancy in leaf 90 days and least 90 days and 10 days 90 days 10		TEAL		8	-	Condition which ga	ns, if any,)	DUE TO (b)	Rt	ovar	ina	denne	neu	<u>~~~~</u>	<u> </u>		<u>ng. 196</u>	<u> </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnary in last 90 days. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnary in last 90 days. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnary in last 90 days. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnary in last 90 days. PART III. If decessed way female was three discovered at the part of last 90 days. PART III. If decessed way female was three discovered by the part of last 90 days. PART III. If decessed way female was three discovered by the part of last 90 days. PART III. If decessed way female was three flowers. PART III. If decessed way female was three flowers. PART III. If decessed way female was three flowers. PART III. If decessed way female was three flowers. PART III. If decessed way female was three flowers. PART III. If decessed way female was three flowers. PART III. If decessed way female was three flowers. PART III. If decessed way female was three flowers. PART III. If decessed way female was three flowers. PART III. If decessed way female was three flowers. PART III. If decessed way female was three flowers. PART III. If decessed way female was three flowers. PART III. If decessed way female was three flowers. PART III. If decessed way female was flowers. PART III. II of item 18.		띭	11.		1	above c it gnitets	tausé (a), } he under-	DUE TO (c	72	neste	au.	Cardio	Vasc	ulor	<u>, </u>	ىن ئ	m. 196	<u>,ァ</u>
TO STATE 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT I of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature) injury in PART I of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature) injury in PART I of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature) injury in PART I of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature) injury in PART I of item 18.) 20b. DESCRIPTION OF INJURY OCCURRED. (Enter nature) injury	00	S			8		OTHER SIGI	NIFICANT CO		NTRIBUTING	TO DEATH	l but not relate	d to the	terminal	PART III.			
20d. INJURY SCRURED WHILE AT WORK 20d. INJURY (e.g., in or about home, left, streen effice bldg., etc.) 20d. INJURY SCRURED WHILE AT WORK 20d. INJURY (e.g., in or about home, left, streen effice bldg., etc.) 21. I attended the deceated from 2 d. 1 20 l. 2 and last saw her elive on 1 20 l. 2 left beath occurred at 2 m on the date stated above, and to the best of my knowledge, from the causes stated. 22e. SIGNATURE (Degree or title) 22e. DATE SIGNET 23e. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23e. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 24 FUNERAL DIRECTOR /ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25 DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 26 Much 1/50 NO Kunyshiway 12-21-63 27 SUMMANDERS 25 DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	88	S			I CA	Bu	للمنفيد	تبعيل	arte	rios	clerr	نسد		_	1			known
20d. INJURY SCRURED WHILE AT WORK 20d. INJURY (e.g., in or about home, left, streen effice bldg., etc.) 20d. INJURY SCRURED WHILE AT WORK 20d. INJURY (e.g., in or about home, left, streen effice bldg., etc.) 21. I attended the deceated from 2 d. 1 20 l. 2 and last saw her elive on 1 20 l. 2 left beath occurred at 2 m on the date stated above, and to the best of my knowledge, from the causes stated. 22e. SIGNATURE (Degree or title) 22e. DATE SIGNET 23e. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23e. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 24 FUNERAL DIRECTOR /ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25 DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 26 Much 1/50 NO Kunyshiway 12-21-63 27 SUMMANDERS 25 DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		DWE		H	TP. WA	S AUTOPSY FORMED?	20a. ACCIDEN	SUICIDE		20b. DE	SCRIBE HOV	V INJURY OCCU	RRED. (Ent	r nature o	f injury in PA	ART I or PART	II of item 18.)	
21. I attended the deceased from Death occurred at Death occurred	v Z	AME			₹ 20c. TIA	E OF Hour URY a.m.	Month, Da	ay, Year	H.	Lau			12.00					
21. I attended the deceased from Death occurred at Death occurred					₹ <u>20d. IN</u>	JURY CCURRE	:D	20e. PLACE farm, fi	OF INJURY (e.	g., in or about	ut home, 2	OI. CITY, TOWN	, OR LOC	ATION	<u> </u>	COUNTY -	STA	ATE
Death occurred at Death occurred at Degree or title		اوا			N	T WHILE AT W	VORK 🗆					3h.	de	<u>فامر</u> her	1 The		<u> </u>	
238. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, of county) (alter) 23d. BURIAL, CREMATION, 23b. DATE (CITY), Town, of county) 23d. LOCATION (City, town, of county) 24d. LOCATION (City, town, of county) 24d. LOCATION (City, town, of county) 25d. LOCATION (City, town, of county) 26d. LOCATION (City, town, of county)	30E	REA						سر	} 	, 10.							causes stated.	
238. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, of county) (alter) 23d. BURIAL, CREMATION, 23b. DATE (CITY), Town, of county) 23d. LOCATION (City, town, of county) 24d. LOCATION (City, town, of county) 24d. LOCATION (City, town, of county) 25d. LOCATION (City, town, of county) 26d. LOCATION (City, town, of county)	SE EV		. ,-	Ľ.	- 1			(Deg				22b. ADDRESS		··			22c. DATE	
1 1 Much 1150 no Kingshiway 12-21-63 July mushing mg	ר בי בי	동	1			aut	how	2.0									1 4 - 1	الخ
1 1 Much 1150 no Kingshiway 12-21-63 July mushing mg		<u>o</u>	++	ξ	23a. BURIAN	CREMATION, AL (Specify)	23b. DADE	23/6:	I 6	1		WAIUKY	23a. L	11		o, coomy,	<i></i>	
1 m Mill 1130 110 / majerimay 12 21 0 2 murfly mg							-	ADD	RESS			E RECD. BY LOC	AL REG.	26. REGI		NATURE		
		E		6	Thue	<u>4·113</u>	0 170	New			mar's Statom	-2/-	O A	<u> </u>	Sub.	mufle	y mg	

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Student Embalmer No. working under my personal supervision. Student Signature of Student Embelmer Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.

6-08